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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Physical readiness instruction improves cardiac risk screening

By CAPT Candace M. Gortney, NC, Bureau of Medicine and Surgery

WASHINGTON--A recent change in the Physical Readiness Program Instruction, OPNAV 6110.1E, provides additional cardiac risk factor questions for personnel preparing to take physical readiness tests (PRTs). The change, which will be formally implemented September 1, is part of the "pink folder" screening review to identify those participants with risk factors so they can be medically evaluated prior to participating in the fitness portion of the physical readiness test (PRT).

The complete instruction can be found on the web at www.dodssp.daps.mil/usndirs.htm, in Table 31.

The pink folder (OPNAV 6110/2) is the primary tool PRT coordinators use to screen members for safe participation in PRT and exercise programs. Section B of the pink folder is completed by each service member, and provides information on health risk factors to determine fitness for participation in the PRT. Anyone answering yes to any of the risk factor questions will be referred for medical evaluation and

clearance before participation in the PRT. These questions ensure all personnel who have potential health risks are medically evaluated before performing the PRT, thereby decreasing the possibility of a cardiac event during PRT. Therefore, it is very important that each member answer every question accurately.

The Navy's Physical Readiness Program ensures that Sailors are fit and capable of meeting operational mission requirements. To ensure the success of the program, everyone should exercise a minimum of three times a week, to include at least 20 minutes of aerobic exercise, and strength and flexibility training. Fitness is a personal responsibility for both career and health reasons. Navy Medicine stands by to help you reach that goal.

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Headline: Navy, Marines team in explosive training
By Bill Doughty, US Naval Hospital, Yokosuka

YOKOSUKA, Japan--In war, artillery is a target of the enemy's artillery. The Marines who work on a fire team - operating the big guns - have to be ready for any contingency. If they're attacked, they have to know what to do, how to do it and where to take the casualties. At Marine Corps Training Camp, Camp Fuji, Japan, they also know that Hospital Corpsmen are always ready at their side.

Recently, Marines, Hospital Corpsmen, and a Battalion Surgeon worked together to triage treat-and-move patients after a simulated explosion in the field. The fire team of Lima Battery, 3rd Battalion, 12th Marines, made the drill as realistic as possible. Casualties were heavily moulaged at the site.

"This was training for the Marine detachment and training for us as well," said Chief Hospital Corpsman (HMC) C. Alvarez of Battalion Medical Center, Atsugi. "In this scenario, the patients were immediately stabilized and transported to the BAS [Battalion Aid Station]."

Throughout the drill, Marines augmented the Navy medical team by serving as drivers and litter bearers. After casualties were taken to the BAS, they were triaged, treated and stabilized by Battalion Surgeon LT Adrian Talbot, MC, HMC Arnell Cauguiran, Hospital Corpsman First Class (HM1) Brian Johnson and their team. As soon as LT Talbot ordered patient evacuation, Traffic/Patient Control Officer HM1 William Williams, from the Camp Fuji Clinic, directed loaded ambulances by radio to one of three local Japanese hospitals. One patient was sent by Army helicopter to U.S. Naval Hospital (USNH), Yokosuka.

"We need to test how long it takes to get to the Japanese hospitals. How long does it take to get to USNH Yokosuka? We want our people familiarized with where to go and what to do," said Alvarez.

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Headline: Sailors and Marines get an earful about hearing conservation

By Dan Gay, Naval Medical Center, Portsmouth

PORTSMOUTH, Va.--If a Sailor or Marine cannot hear orders or directions, not only can a mission suffer, safety becomes a concern. Because good hearing can be the difference between a routine workday and disaster, Naval Medical Center, Portsmouth is taking hearing conservation training to Sailors and Marines with its Mobile Hearing Conservation Truck Teams.

In their presentations, the nine members of the hospital's Occupational Audiology Department illustrate the potential hearing damage of areas such as flight decks, engine rooms and firing ranges, among other places. To check people's current hearing abilities, the teams also provides audiological diagnostic services.

The team made a recent visit to USS Nimitz (CVN 68) for hearing training and testing. One of their customers, Chief Electronics Technician Richard Evans of the ship's propulsion plant reemphasized the importance of an active hearing conservation program throughout the ship, especially in the propulsion plant where it's very noisy and hearing protection is required to ensure hearing conservation.

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Headline: Naval Medical Clinics successfully complete first combined inspection

By LT Hugh J. Cox, MSC, US Naval Medical Clinic, London

London--U.S. Naval Medical Clinic, London recently became the first Naval medical command to successfully undergo simultaneous inspections from the Bureau of Medicine and Surgery (BUMED) Inspector General (IG), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Naval Medical Clinic, London's branch medical clinics at West Ruislip, North Audley and St. Mawgan were surveyed in late April and they achieved a satisfactory IG score and an overall JCAHO survey score of 98.

Despite scheduling complexities during the inspections, clinic staffs managed to prepare schedules that met inspection team requirements, while maintaining service to patients.

According to CAPT James L. Staiger, BUMED IG Team Leader, "The first ever concurrent IG and JCAHO inspection seemed to work well. The command clinics' staffs seemed to react positively to having both visits carried out concurrently."

One benefit of having both groups simultaneously evaluate health care operations was the elimination of ambiguity and conflict between the two final reports. Another benefit was the clinics inspected are small. It was easier to work with one large group of inspectors arriving at once instead of several smaller groups over an extended period.

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Headline: President nominates new flag officer for Medical Corps

Secretary of Defense William S. Cohen announced Tuesday

that the President has nominated CAPT James A. Johnson for promotion to rear admiral (lower half). CAPT Johnson is currently principal director of clinical and program policy for the Assistant Secretary of Defense (Health Affairs) in Washington, D.C.

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Headline: TRICARE Retiree Dental Program question and answer

Question: Who does the TRICARE Retiree Dental Program cover?

Answer: Those covered by the TRICARE Retiree Dental Program, which is administered by Delta Select USA and is not part of the TRICARE medical plan, include:

- Members of the uniformed services who are entitled to retired pay;
- Members of the retired reserve who are entitled to retired pay, but under age 60;
- Spouses of eligible members who enroll in the program
- Children up to age 21 (or to age 23 for full-time students, or older if they become disabled before losing eligibility)
- Unremarried surviving spouse and eligible children of a deceased member who died while eligible for coverage as described; or a deceased active duty member who died while on active duty for a period of more than 30 days and whose family members are not eligible or are no longer eligible for dental benefits under the family member dental plan.

To get all the details about enrollment eligibility, policy and procedures, visit the Delta Select USA/TRICARE Retiree Dental Program web page: <http://www.ddpdelta.org/> or call the customer service toll-free number (888) 336-3260). Telephone enrollment is toll free at (888) 838-8737. Their mailing address is: DDP*DELTA, P.O. Box 537007, Sacramento, CA 95853-7007. You can also contact them by E-mail to enroll or for customer service and billing questions:
Enrollment: ddpenroll@delta.org
Customer service: ddpservice@delta.org
Billing: ddpbilling@delta.org

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Headline: Healthwatch: Low-fat diets contribute to better health

From: Department of Defense Nutrition Committee

It is well known that excessive fat in the diet can lead to many health problems, including obesity, cardiovascular disease, and diabetes. Research on specific types of fats, including trans-fatty acids is limited, but a diet lower in fat could help reduce the risk of many diseases. Saturated fats like butter, cream, and cheese are the most harmful, and these should be limited in the diet.

To limit trans-fatty acids in the diet, try to limit the use of partially hydrogenated oil products, and use more monounsaturated oils, such as olive, canola and peanut oil.

But most importantly, practice balance, variety and moderation in your daily food choices. Modify total dietary fat to 30 percent of calories, and eat plenty of fruits, vegetables and whole grains.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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